

# Enhancing Allied Health service provision for pre-admission head and neck cancer patients

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ECLP Cohort 17 & 23

## Aim Statement:

Within 12 months, 70% of patients with oral cavity and oropharyngeal squamous cell carcinoma will receive pre-admission Allied Health intervention

## Background to problem worth solving

- Patients undergoing diagnosis and treatment planning are not routinely seen by AH prior to MDT

## Team members

- Project Sponsor/s – A/Professor Richard Gallagher and Margaret Lazar
- Team Leader - Nicola Hardingham
- Members – Dr Crawford, Amanda Duffy, Amy Riley, Suzie Flynn, Bridgeen Fowley, Veronica O'Shaughnessy, Tahnee Williams,
- Consumer - Vivienne Powell
- QI Advisor - Shaun Deery

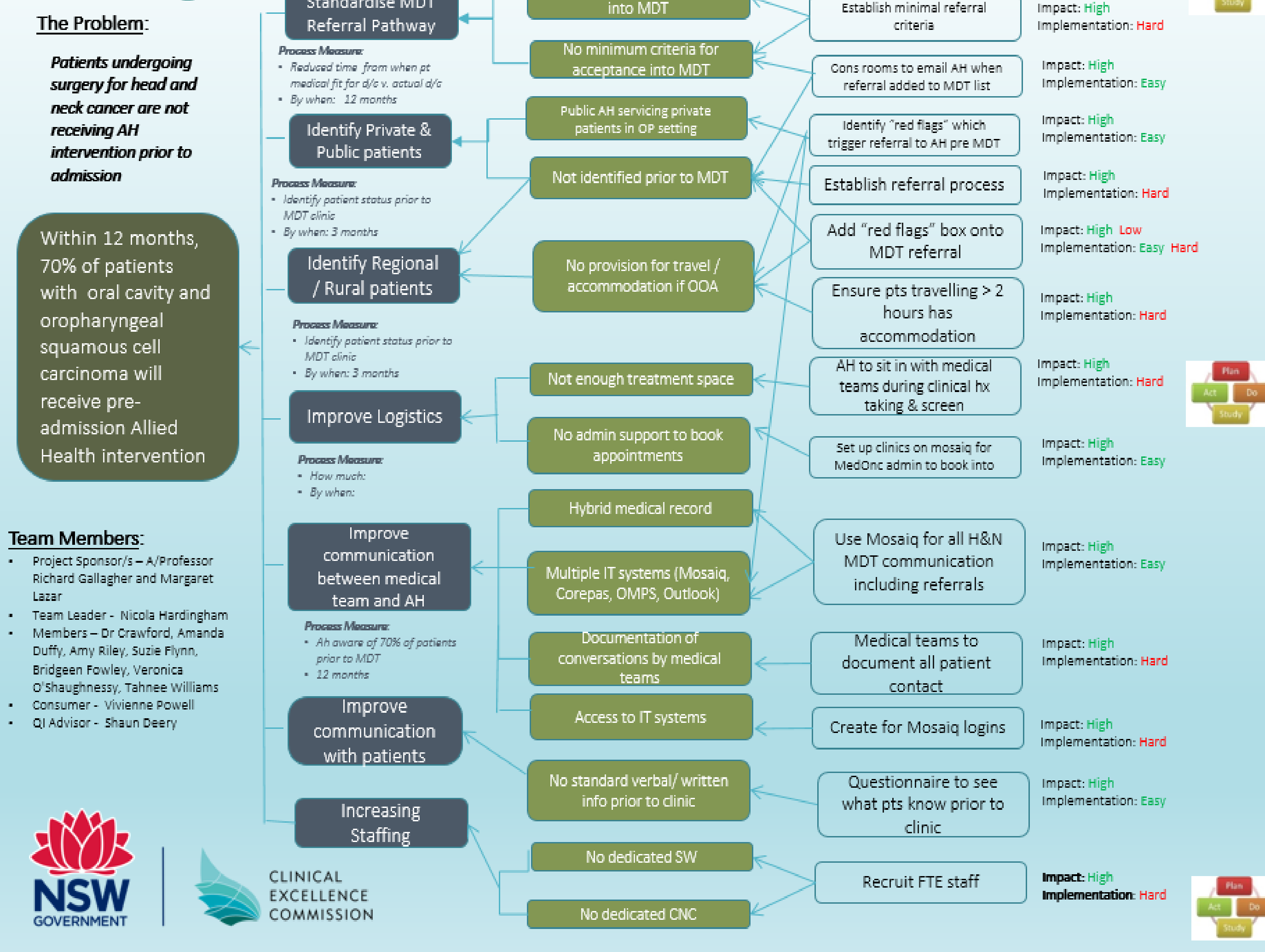
## Link to National Standard and LHD Strategic Imperative



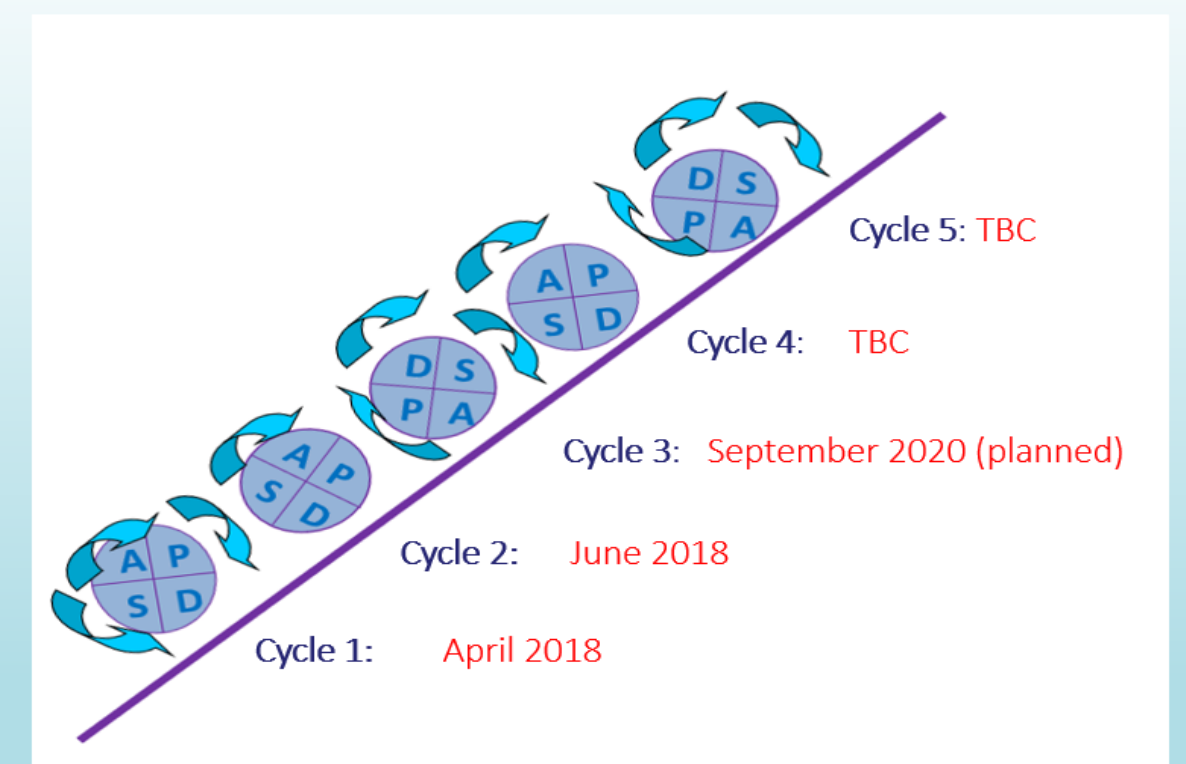
## Literature review

- Optimal care pathway for people with head and neck cancers
- Friedland, P., Bozic, B., Dewar, J. et al. Impact of multidisciplinary team management in head and neck cancer patients. Br J Cancer 104, 1246–1248 (2011). <https://doi.org/10.1038/bjc.2011.92>
- L.F.J. van Overveld, J.C.C. Braspenning, R.P.M.G. Hermens. Quality indicators of integrated care for patients with head and neck cancer. Clin. Otolaryngol. 2017, 42, 322– 329

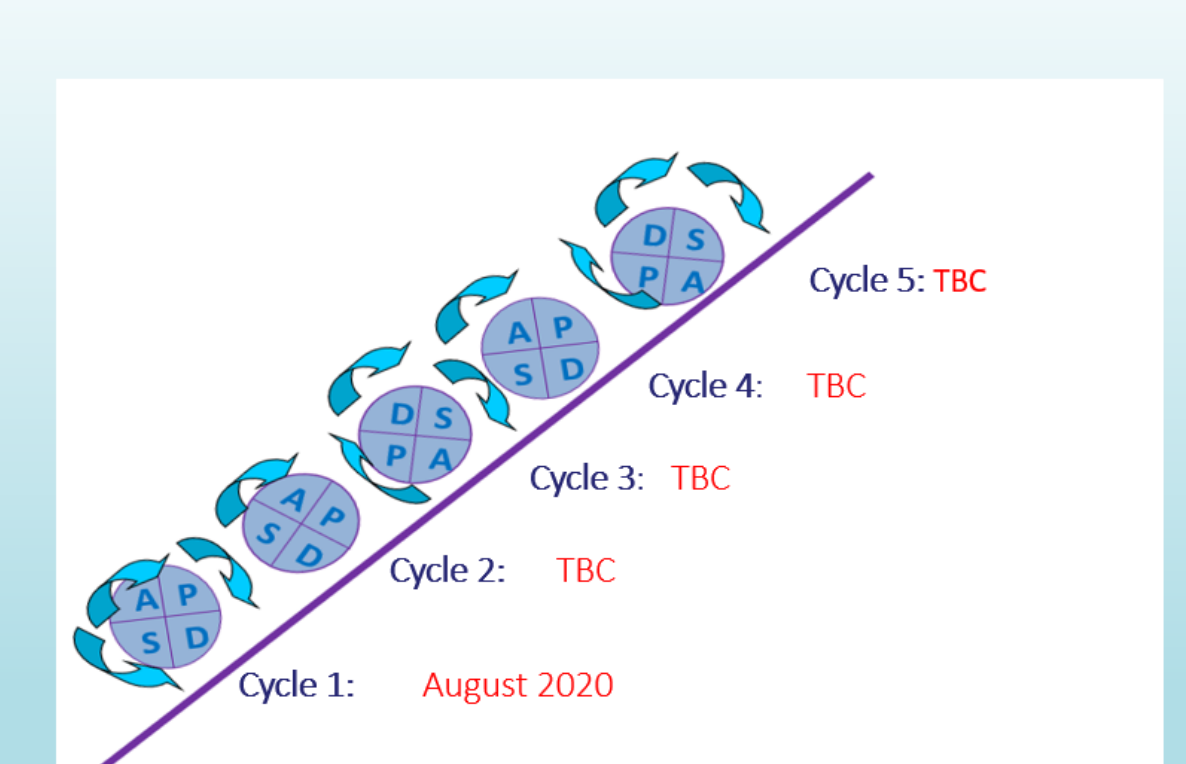
## Driver Diagram



## PDSA Ramp - Testing: Patient questionnaire



## PDSA Ramp - Testing: Rooms to email AH when referral added to MDT list



## Overall Outcome of Project:

**Program Progress Score - 2**

Stretch goal not achieved but successes along the way

1. Issue has been raised with cancer steam mangers, directors and executive AND key stakeholder engaged
2. PDSAs are underway
3. Succession planning is built in

## Plans to sustain change

1. Regular team meetings
2. Allocation of roles
3. Engagement of external departments

## Plans to spread /share change

Submit to the ACI Innovation Exchange – 2021

